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Division of Corporations

Fax Number : (850)205-0380

Account Name : FIVE POINTS CORP.

Account Number: I20060000107

: (954)894-4127

Fax Number

: (954)963-9966

COR AMND/RESTATE/CORRECT OR O/D RESIGN

FIVE POINTS CORPORATION

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COVER LETTER

10:	Amendment Section Division of Corporations

SUBJECT:	FIVE POIN	ITS CORPORATIO	NC		
		(Name	of Corpo	ration)	
DOCUMENT	NUMBER:	P04000099210			,
The enclosed O	fficer/Director	Resignation for a Co	orporatio	n and fee are submitted	for filing.
Please return al	l corresponden	ce concerning this m	atter to t	he following:	
	AUDREY L. S	SMITH, ESQ.			
	(Name o	f Person)			
FI	VE POINTS (CORPORATION			
	(Name of Fir	m/Company)		_	
33	889 SHERIDA	N STREET, #558		•	
	(Add	ress)		_	
H	OLLYWOOD,	FL 33021			
	(City/State a	nd Zip Code)		••	
For further info	rmation concer	ning this matter, plea	ase call:		
AUDREY L. S	MITH	at f	954) 894 - 4127 le & Daytime Telephone N	
• 1	(Name of Persor	1) (Area Cod	le & Daytime Telephone N	umber)
Enclosed is a ch	eck for \$35.00	made payable to the	: Florida	Department of State.	
Street Address:	_	Mailing Add			
Amendment Sec	non.	Amendment S	section		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LINDA MOODY	, hereby resign as VT		
		(Title)	
VL	ITS CORPORATION		
(Nar	ne of Corporation)	7	
P04000099210	a corporation organized under the laws of the State of		
(Document Number, if known)	• •		
FLORIDA			
			
:			
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_ Huda	umady		
	(Signature of resigning object/director)	06 SEI	
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		SSR -	
		F9 3 1	
	FILING FEE IS \$35.00		
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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: